

RICHARDSON & FOLISE
1200 5th AVE, SUITE 1801
SEATTLE, WASHINGTON 98101
206-682-1800

FOR *Required for*
initial examination

19-854/1250

7298

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18/02	Commissioner for Patents	7298	MDF	MDF-PA19.P15

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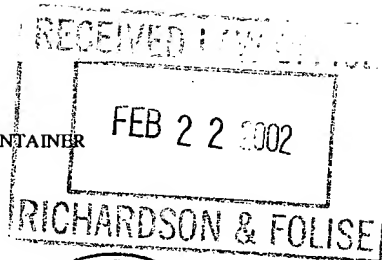
Applicant: Michelle J. Pillers et al.
Title: TWIST LID FOR INSULATED BEVERAGE CONTAINER
Serial No: 09/479,410
Docket: PA19.P15
Date: January 18, 2002

Commissioner for Patents
Box AF
Washington, D. C. 20231

Please acknowledge receipt of the following:
1. Amendment Cover Letter
2. Amendment and Response after Final Action
3. Check No. 7298 for \$370.00

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1200 Fifth Avenue, Suite 1801
Seattle, Washington 98101
Phone (206) 682-1600
Fax (206) 682-3985

Docket No.: PA19.P15
Date: January 18, 2002

In re application of Michelle J. Pillers et al.
Serial No.: 09/479,410
Filed: January 6, 2000
For: TWIST LID FOR INSULATED BEVERAGE CONTAINER

THE COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment and Response after Final Action, including a Request for Continued Examination of application under 37 C.F.R. § 1.114 in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity status under CFR 1.9 and 1.27 is enclosed.
☐ A Request for an Extension of Time for ☐ month(s) is enclosed.
☒ No additional claim fee is required.
☒ The fee has been calculated as shown.

	(Col. 1) Claims Remaining Previously Paid For	(Col. 2) Highest No.	(Col. 3) Present Extra*	Small Entity Small Entity	OR Other Than a	After
Total	<input type="checkbox"/> Minus <input type="checkbox"/> **	=0	x \$9 =		x \$18 =	
Indep.	<input type="checkbox"/> Minus <input type="checkbox"/> ***	=0	x \$42 =		x \$84	
First Presentation of Multiple Dep. Claim				+\$130=	+260	
Fee for Request for Extension of Time				\$	\$	
Fee for Request for Continued Examination				\$370.00	\$ 740	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of prior amendment or the number of claims originally filed.

Addit. Fee: 370.00 OR Total

- ☐ Please charge my Deposit Account No. 18-1355 in the amount of \$. A duplicate copy of this sheet is enclosed.
☒ A check in the amount of \$370.00 is attached.
☒ The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No. 18-1355. A duplicate copy of this sheet is enclosed.
☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☐ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
RICHARDSON & FOLISE

Michael J. Folise
Reg. No. 31,952